

MONTANA BOARD OF PLUMBERS

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2339 or 2329 Fax: 406-841-2309
E-MAIL: dlibsdpplu@mt.gov
WEBSITE: <http://www.plumber.mt.gov/>

APPLICATION PROCEDURES FOR:

MONTANA PLUMBING LICENSURE

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

GENERAL INFORMATION:

1. Applications will not be processed without the application fee included.
2. Written notification will be sent to the preferred mailing address within 14 days of receipt of the application.
3. Licensees are required to know and adhere to the laws and rules pertaining to the Montana Board of Plumbers. You may find the current Statutes and Rules on our website at www.plumber.mt.gov.

LICENSE REQUIREMENTS:

JOURNEYMAN: A specific record of 5 years' and 7500 aggregate hours of experience in the field of plumbing, or completion of an apprenticeship program meeting the standards set by the Montana Apprenticeship and Training Bureau, or the United States Department of Labor, Bureau of Apprenticeship.

MASTER: A specific record of 4 years' experience as a licensed journeyman plumber in the field of plumbing, with 3 years' experience working with a licensed master plumber, or in a supervisory capacity in the field of plumbing, which may run concurrently with the 4 years' experience as a licensed journeyman plumber.

FEES:

Application Fee	\$60.00
Reciprocity Fee	\$250.00
Temporary Permit	\$100.00 (Must include application fees)

LICENSE FEES: (YOU WILL BE NOTIFIED IN WRITING WHEN TO PAY YOUR LICENSE FEE)

Journeyman License	\$150.00
Master License	\$250.00

APPLICATION METHODS:

If your application is considered non-routine, the board may require review of your application at their next regularly scheduled meeting that occurs four times a year. What may cause your application to be non-routine:

(13) "**Non-routine application**" means an application submitted to the division in which the application is defined as non-routine either by the specific licensing entity's rules or by these rules. In conflicts between the specific licensing entity's rules and these rules, the specific licensing entity's rules govern.

(a) A non-routine application means that the applicant has one or more of the following:

- (i) has pending or completed disciplinary action in this state, or pending or completed disciplinary action in another state, territory, or jurisdiction;
- (ii) is restricted by the terms and conditions of a final order in a disciplinary matter;
- (iii) is required to submit materials that require professional evaluation by another licensee or licensing entity;
- (iv) has loss of documentation due to natural disaster or national emergency

RECIPROCITY:

Montana has reciprocal agreements with **Oregon, Idaho, North Dakota** and **South Dakota** for Journeyman licensure ONLY. Applicants must have taken and passed the examination from the state they are reciprocating from. The license must be active and may not have any complaints filed against it. The application must include a license verification from the state agency in which they obtained their license. A license **WILL NOT** be issued without the license verification letter. Applicants that do not qualify for reciprocity will be required to sit for the examination.

EXAMINATIONS:

The Board or a representative of the Board must approve all applications before being allowed to sit for the examination. Applicants will receive notification of their application status within 14 days of receipt of the application.

Journeyman: The Journeyman exam is broken into two parts, written and practical. The written examination is closed book and limited to 2 ½ hours. The practical examination includes the hands-on portion consisting of two parts, isometric drawings and a pressure loop that is limited to 4 hours. A minimum score of 70% is required to pass the written and a minimum of 70% is required to pass the practical. Each part (written and practical) will be graded separately.

Master: The Master examination is an open book examination with a 3 hour time limit. A minimum score of 70% is required to pass the written exam. Statutes, Rules and Uniform Plumbing Code book amendments will be provided by the proctor at the examination. The candidates are responsible for bringing their own current Uniform Plumbing Code book. **Uniform Plumbing Code books will not be provided at the examination.** Code books will be inspected prior to the examination to ensure they are not tabbed. Code books will also be inspected after the examination to ensure examination information was not written in the book.

RENEWAL LICENSURE INFORMATION:

1. The Board office will mail a renewal notice to the preferred mailing address on file approximately 2 months prior to the license expiration date. You are responsible for updating your current mailing address. Failure to inform the Board office of address changes may result in applicable late fees. You will be required to have completed 4 hours of continuing education prior to the next renewal cycle. **Licenses expire annually on September 1.**

MONTANA BOARD OF PLUMBERS

PO Box 200513

301 South Park Ave, 4th Floor

Helena MT 59620 - 0513

Phone: (406) 841-2367 Fax: (406) 841-2309

E-mail: dlibsdpplu@mt.gov

Website: <http://www.plumber.mt.gov/>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

APPLICATION FOR (Check One Only):

☐

Master Plumber

☐

Journeyman Plumber

APPLICATION BY (Check One Only):

☐

Examination

☐

Reciprocity (Journeyman only)

☐

Temporary License:

Check this box if you are requesting a temporary license.

#

Name of Montana Master Plumber you will be employed by

License Number of Master

(This fee is in addition to, and must be received with the application fee.)

Note: 37-69-304(2), MCA, A licensed journeyman plumber may perform work only in the employment of a licensed master plumber.

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ E-mail Address _____

Please indicate your preferred mailing address: _____ Home _____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- | | | | |
|-----|--|--------------------------|--------------------------|
| 1. | Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Do you have any criminal charges pending or have you ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or have you pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18 th birthday unless you were tried as an adult. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. | <input type="checkbox"/> | <input type="checkbox"/> |

[illegible]

EXPERIENCE VERIFICATION AFFIDAVIT

Each employer you want to be considered for verification must fill out this form.
This must be returned to the above address before application will be reviewed.

1. Name of Applicant: _____
LAST FIRST MI

2. Applicant Address: _____
CITY STATE ZIP

3. Please complete the experience section below. Each **Position Title** should be represented by Apprentice, Journeyman or Master plumber.

Dates From	Dates To	Position Title	Description of Plumbing Duties and Work	Total Hours

4. Name of Plumbing Contractor or Master Plumber who employed above applicant:

PRINT NAME OF FIRM, PARTNERSHIP, CORPORATION OR MASTER

5. Address of Employer: _____
CITY STATE ZIP

6. Telephone of Employer: (____) _____ (____) _____
PHONE FAX

7. **THIS BOX IS FOR MASTER APPLICANTS ONLY:** If the applicant was in a supervisory capacity, please describe the type of work, dates, and a breakdown of hours he was employed in such capacity.

Dates From	Dates To	Description of Plumbing Work* (Master Applicants)	Total Hours

***ARM 24.180.301 (3) "Installation of plumbing and drainage systems" means, but is not limited to, the measuring, laying-out, cutting, fitting, soldering and gluing of pipe and/or the installation of fixtures and equipment for the purpose of connecting potable water or sewage**

I hereby declare under penalty of perjury that information provided on this affidavit is accurate to the best of my knowledge. In signing this affidavit, I am aware that a false statement or evasive answer to any question may lead to subsequent penalties of licensure on ethical grounds.

Legal Signature of Licensed Master Plumber/Contractor Making Statement

(Note: Applicant cannot verify their own hours)

_____ Date

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A PLUMBER. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice _____ in the State of Montana. The Board of _____ requires this form to be completed by each state wherein I hold or ever have held a professional/occupational license. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PLUMBERS, P. O. BOX 200513, 301 SOUTH PARK AVENUE, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature) Name: _____
(Please print)

Address: _____

My License Number is: _____

DO NOT DETACH -- THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PLUMBERS

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Exam Date: _____ Exam Score: _____

License is current? _____ If NO, explain _____

Has license been suspended, revoked, placed on probation or otherwise disciplined? _____

If YES, explain and attach documentation _____

Has licensee ever been requested to appear before your Board? _____

If YES, explain _____

Derogatory information, if any _____

If not a reciprocal State with Montana, what are requirements for licensure: Apprenticeship Yes or No

Number of Hours (or Years) for Journeyman _____

Numbers of Hours (or Years) for Master _____

BOARD SEAL

Signed: _____
Title: _____
State Board: _____ Date: _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Plumbers.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant Making Statement

Date